

8.B Medicare: Enrollment, Utilization, & Reimbursement

Table 8.B9.—Supplementary Medical Insurance: Number of reimbursed bills, charges, and amount reimbursed, by type of service and type of beneficiary, 1966-95

[In thousands. Includes only bills for which reimbursements were made by carriers or intermediaries and recorded in Health Care Financing Administration records before March 29, 1996]

Period claim approved ¹	All services ²	Physicians' services			Outpatient hospital services	Independent laboratory services	Home health services ⁴	All other services	
		Total	Surgical ³	Medical ³					
Persons aged 65 or older:	Number of bills								
	1966.....	1,360	1,268	313	956	39	14	16	22
	1978.....	114,486	90,239	18,186	72,053	13,037	4,234	805	6,171
	1983.....	176,086	134,335	16,654	117,681	20,701	8,827	82	12,141
	1990.....	418,160	312,037	34,531	277,506	40,209	38,913	129	26,872
	1992.....	472,166	342,943	39,873	303,070	38,146	45,213	118	45,746
	1993.....	505,672	359,437	39,831	319,606	40,130	48,172	158	57,775
	1994.....	553,114	397,142	42,645	354,497	44,171	52,171	175	59,455
	1995.....	578,846	408,223	45,051	363,172	47,917	53,381	209	69,116
	Allowed charges ⁵								
	1966.....	\$123,593	\$119,818	\$60,580	\$59,237	\$973	\$472	\$1,021	\$1,310
	1978.....	7,992,518	6,170,346	2,464,820	3,705,526	1,117,213	70,257	109,558	525,144
	1983.....	24,565,669	14,573,773	6,111,658	8,462,115	8,027,936	250,424	27,355	1,686,181
	1990.....	51,105,229	30,592,027	2,518,815	18,073,212	13,623,138	1,377,567	100,152	5,412,345
	1992.....	63,612,381	32,348,894	2,301,652	20,047,242	21,164,844	1,737,500	107,035	8,254,108
	1993.....	68,722,179	33,599,094	2,015,114	21,583,980	23,809,925	1,843,545	169,603	9,300,012
	1994.....	76,481,340	37,785,591	2,876,366	24,909,225	28,054,368	1,829,723	211,625	8,600,033
	1995.....	84,054,533	39,794,882	3,724,432	26,070,450	31,518,662	1,819,186	280,205	10,641,598
	Amount reimbursed ⁶								
	1966.....	\$83,713	\$81,348	\$43,436	\$37,912	\$502	\$329	\$629	\$905
1978.....	5,933,099	4,736,819	1,921,427	2,815,392	644,632	68,149	105,395	378,104	
1983.....	14,756,262	11,300,926	4,824,454	6,476,472	2,006,984	200,339	21,884	1,226,129	
1990.....	34,742,215	23,661,307	9,711,014	13,950,293	6,021,631	1,327,053	70,237	3,661,987	
1992.....	39,377,244	25,280,633	9,665,787	15,614,846	7,353,115	1,691,196	77,362	4,974,938	
1993.....	41,767,763	26,318,015	9,455,805	16,862,210	7,910,686	1,796,000	120,629	5,622,433	
1994.....	45,724,185	29,623,316	10,153,774	19,469,542	8,854,846	1,778,913	150,885	5,316,225	
1995.....	49,637,683	31,156,569	10,826,684	20,329,885	10,260,659	1,766,455	200,060	6,253,940	
Disabled beneficiaries:	Number of bills								
	1989.....	39,750	26,952	2,287	24,665	6,294	3,281	...	3,223
	1990.....	42,871	28,969	2,600	26,369	6,669	3,810	...	3,423
	1992.....	51,724	33,406	3,077	30,329	7,583	4,799	1	5,935
	1993.....	59,347	38,446	3,363	35,083	8,743	5,217	...	6,941
	1994.....	69,160	45,827	3,820	42,007	10,063	6,466	...	6,804
	1995.....	77,119	49,814	4,266	45,548	11,137	7,731	...	8,437
	Allowed charges ⁵								
	1989.....	\$5,752,132	\$2,683,470	\$876,903	\$1,806,567	\$2,161,191	\$113,338	\$21	\$794,112
	1990.....	6,619,146	2,963,905	994,472	1,969,433	2,700,544	146,877	604	807,216
	1992.....	8,938,168	3,294,829	1,008,974	2,285,855	4,171,233	190,456	2,950	1,278,700
	1993.....	10,477,296	3,785,424	1,072,245	2,713,179	5,168,927	207,027	108	1,315,810
	1994.....	12,338,861	4,610,872	1,220,879	3,389,993	6,431,161	239,113	14	1,057,701
	1995.....	14,364,002	5,015,662	1,384,954	3,630,708	7,580,495	280,713	97	1,487,035
	Amount reimbursed ⁶								
	1989.....	\$4,127,005	\$2,105,015	\$691,970	\$1,413,045	\$1,334,839	\$111,196	\$12	\$575,943
	1990.....	4,526,435	2,253,896	768,391	1,485,505	1,534,430	142,663	412	595,034
	1992.....	5,644,357	2,510,296	784,008	1,726,288	2,065,726	187,569	1,929	878,837
	1993.....	14,521,014	2,884,698	835,108	2,049,590	2,428,291	203,551	73	9,004,401
	1994.....	7,347,985	3,514,618	952,726	2,561,892	2,859,651	234,518	9	739,189
1995.....	8,412,547	3,801,878	1,081,246	2,720,632	3,299,595	275,985	68	1,035,021	

¹ Period for which the carrier approved bills for payment.

² Included in total, but not shown separately, are some bills and charges for which type of service is unknown.

³ Where both medical and surgical charges are included on a single bill, the highest-priced service is the determining factor in classifying the bill.

⁴ The Omnibus Reconciliation Act of 1980 (P.L. 96-499) eliminated the 100-visit limit on home health services and the 3-day prior hospitalization requirement.

⁵ Includes physician or supplier allowed charges as determined by the carrier and amounts actually billed by providers for outpatient hospital and home health services.

⁶ Amount reimbursed to or on behalf of the beneficiary—generally 80 percent of the allowed charges, once the beneficiary has satisfied the deductible in the current year. Some radiology and pathology services are reimbursed at a 100 percent rate, regardless of the beneficiary's deductible status. Beginning calendar year 1973, home health services provided under the Supplementary Medical Insurance program are reimbursed at 100 percent of the reasonable cost less any applicable deductions.

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